

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | TXI | 70891 | 10/23 |
| O.I.P.E. CLASSIFIER | CUN | 1 | 1/5/2001 |
| FORMALITY REVIEW | DMK | 69169 | 1-13-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | 10/6/00 |
| 1 | 1/1/01 |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy